



**Governing Council  
of the  
United Nations  
Development Programme**

Distr.  
GENERAL

DP/FPA/CP/30  
7 March 1987

ORIGINAL: ENGLISH

Thirty-fourth session  
26 May-19 June 1987, New York  
Item 6 of the provisional agenda  
UNFPA

UNITED NATIONS FUND FOR POPULATION ACTIVITIES  
PROPOSED PROGRAMME AND PROJECTS

Recommendation by the Executive Director

Assistance to the Government of Cameroon

Support for a comprehensive population programme

Proposed UNFPA assistance:	\$2.4 million, of which \$1.6 million is to be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to \$0.8 million will be provided by UNFPA. If and to the extent this is not the case, UNFPA will seek to cover the shortfall from other sources, including multi-bilateral sources
Estimated value of the Government's contribution:	To be determined
Duration:	Four years
Estimated starting date:	January 1987
Executing agencies:	Government of Cameroon United Nations International Labour Organisation (ILO) World Health Organization (WHO)
Government co-ordinating agency:	Ministry of Planning and Territorial Management

## CAMEROON

Demographic facts

Population by sex		Population density (/sq. km.) .	16
Total (in 1000) .....	9,873	Average annual change	
Male (in 1000) .....	4,863	Population increase (in 1000)	297
Female (in 1000) .....	5,011	Births (in 1000) .....	451
Sex ratio (/100 females) .....	97.0	Deaths (in 1000) .....	154
Population in year 2000 (in 1000)	15,168	Net migration (in 1000) .....	0
Population by age group		Rate of annual change	
Age 0-14 (in 1000) .....	4,276	Population change total (%) .	2.80
Age 15-64 (in 1000) .....	5,211	Urban (%) .....	5.9
Age 65 + (in 1000) .....	386	Rural (%) .....	0.2
Age 0-14 (percentage) .....	43.3	Crude birth rate (/1000) ....	42.5
Age 15-64 (percentage) .....	52.8	Crude death rate (/1000) ....	14.5
Age 65 + (percentage) .....	3.9	Natural increase (/1000) ....	28.0
Age indicators		Net migration (/1000) .....	0.0
Median age .....	18.4	Fertility and mortality	
Dependency: age 0-14 .....	82.1	Total fertility rate .....	5.79
Dependency: age 65 + .....	7.4	Completed family size .....	N/A
Dependency: total .....	89.5	Gross reproduction rate .....	2.85
Youth: 15-24 (in 1000) .....	1,790	Net reproduction rate .....	2.20
Women: 15-49 (in 1000) .....	2,233	General fertility rate (/1000)	189
Urban-rural population		Child-woman ratio .....	N/A
Urban population (in 1000) ....	4,185	Infant mortality rate (/1000)	94
Rural population (in 1000) ....	5,688	Life expectancy: male .....	51.2
Per cent urban (%) .....	42.4	Life expectancy: female ....	54.7
Per cent rural (%) .....	57.6	Life expectancy: total .....	52.9
Agricultural population density		GNP per capita	
(/hectare of arable land) .....	1.14	(U.S. dollars, 1984) .....	800

Sources: Area and population density on arable land: derived from Food and Agriculture Organization of the United Nations, FAO Production Yearbook 1980; gross national product per capita: World Bank, World Development Report 1986; completed family size: Noreen Goldman and John Hobcraft, "Birth Histories", in Comparative Studies, No. 17, (International Statistical Institute: Voorburg), 1982; all other data: Population Division, United Nations Department of International Economic and Social Affairs, World Population Prospects, Estimates and Projections as Assessed in 1984 (United Nations publication, Sales No. E.86.XIII.3) - "population by sex" through "life expectancy: total" as of 1985-1990.

## I. SUMMARY

1. The United Nations Fund for Population Activities (UNFPA) proposes to support a comprehensive population programme in the amount of \$2.4 million over a four-year period, starting January 1987, to assist the Government of Cameroon to achieve its population and development objectives. Should resources not become available to UNFPA for the funding of the entire programme, UNFPA proposes to commit \$1.6 million from its regular resources. If UNFPA's funding situation permits, the balance of up to \$0.8 million will be provided by UNFPA. If and to the extent this is not possible, UNFPA will seek to cover the shortfall from other sources, including multi-bilateral sources.

2. The proposed programme would be the first for Cameroon. It has been developed taking into account experience since 1972 and the recommendations of the population needs assessment mission of December 1979. Consideration has also been given to the recommendations formulated by the National Commission on Population during its first session in November 1985, as well as the priorities identified by the Government during the programming exercise. It would include activities in the areas of maternal and child health (MCH) and child-spacing, population information, education and communication (IEC), basic data collection, formulation and evaluation of population policies and programmes and the role of women in population and development.

3. All projects under the proposed programme, as in all UNFPA-assisted programmes, will be undertaken in accordance with the principles and objectives of the World Population Plan of Action, that is, population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)), respect for human life is basic to all human societies (para. 14 (e)) and all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

## II. BACKGROUND

4. The first national population census of Cameroon was taken in 1976. It showed a population larger than had been suggested by the administrative counts that had been carried out during the early years of independence in the 1960s, as well as a higher than expected rate of growth. The total population in 1976 was 7.7 million, the growth rate 2.4 per cent and the density 16.5 inhabitants per square kilometre. The population was unevenly distributed: 28.5 per cent of the population was urban, most of it concentrated in the port city of Douala and the capital Yaounde. In 1985, the population was estimated to be 9.5 million.

5. These demographic facts, coupled with data on unwanted adolescent fertility and venereal diseases which have been associated with prevailing infertility, have increased awareness, particularly in government circles, of the demographic realities and their relationship with development. There has

consequently been a gradual change away from the official pro-natalist stance. Attention has been given to the economic and social consequences of an uncontrolled increase in births and the necessity to regulate fertility.

6. The sixth five-year development plan, 1986-1990, considers population explicitly and stresses the need to develop a population policy with the assistance of the National Commission on Population. The Commission has, in effect, provided the basis for the elaboration of population policies. Its first session produced 137 resolutions on the different aspects of population and development. With regard to health it was resolved that the national primary health programme should be reinforced, with emphasis on MCH; that the training of medical and paramedical personnel, including traditional birth attendants and community health workers, should be intensified; and that child-spacing for the welfare and survival of mothers and infants should be encouraged, particularly through education at MCH centres.

7. The high rate of infant mortality (103 per 1,000 in 1980-1985), the prevalence of sexually transmitted diseases, especially among the young, often causing sterility, and the frequency of undesired adolescent pregnancies have formed the background for the decisions to (a) formulate a fertility policy based on responsible parenthood, (b) inform and educate citizens about responsible parenthood and provide them with the means to practice it, (c) establish provincial centres for information and counselling on child-spacing and the protection of mothers and children, (d) introduce sex education for teenagers and (e) raise the age at marriage for girls.

8. The provision of services has developed gradually, although simultaneously with the change in policy pronouncements. The distribution of contraceptives has been legalized since 1980 and the first family planning clinic was opened in Yaounde in 1981. Health facilities run by religious groups also provide family planning services, including natural methods. Most important, a significant effort has been made to train health professionals in MCH and methods of child-spacing and family planning. There is, however, no widespread knowledge of the availability of these services, and no public information programme has been initiated. At the present stage further training of health professionals and community leaders is necessary to achieve country-wide coverage as well as to inform the public, especially adolescents, about the significance of family planning for responsible parenthood.

### III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

9. Between 1972, when assistance for the first population and housing census was approved, and 1986, UNFPA contributed \$4.6 million to population-related projects in the areas of MCH/child-spacing, population IEC, data collection and population policy formulation. During these years, the establishment of a reliable data base was initiated, training was provided for health trainers and community motivators in MCH/child-spacing, a process of information and non-formal education on family welfare and responsible parenthood was introduced in rural communities and a Population Unit was established in the Human Resources Directorate of the Ministry of Planning and Territorial Management.

Maternal and child health and family planning

10. Assistance in improving maternal and child health services. This project, initiated in 1973, contributed preliminary assistance to the development of a series of activities integrated into health and social services for the protection of mothers and children. A study made under the project by a WHO consultant in 1974 concluded that the incidence of sterility was significant and that it was associated with the prevalence of venereal disease, improperly attended births and termination of pregnancies. The consultant's recommendations mentioned the need for preventive and curative medical services which would include the provision of MCH services. Long-term socio-economic and administrative proposals were also made. UNFPA assistance amounted to \$24,734 for this project executed by WHO.

11. Family health programme. In line with the recommendation of the needs assessment mission the Government, in December 1980, submitted a request to UNFPA for a project involving six components: (a) training of trainers and health supervisors; (b) retraining seminars for health personnel and community agents; (c) pregnancy monitoring and prevention of infertility; (d) health education; (e) health statistics; and (f) health planning. Given the prevailing conditions of financial restraint, UNFPA did not provide assistance until 1982. The second component of the project was however initiated by the Government in 1980, with contributions from the villagers at the project site and assistance from WHO. A national training centre for MCH care was established at Ngonga, a rural district with a population of around 4,000. In 1982 UNFPA approved funding for two training courses for 60 participants from different parts of the country, 14 health directors, 41 teachers from medical/public health schools and five Ministry of Health officials. Three retraining courses on birth-spacing for medical and public health school teachers were also held. Additional funds were also provided for construction costs. The Ngonga Training Centre provides regular consultations in its dispensary. By the end of 1986, UNFPA provided \$152,347 to this project which is executed by WHO.

Population, information, education and communication

12. Family welfare education for members of co-operatives. The project started in November 1978. Its objectives were, in the long term, to make the population aware and knowledgeable about demographic behaviour and co-operative self-help action and, in the short term, to work towards establishing experimental centres, one or two per province, based on existing group structures. An evaluation of project activities was undertaken in 1984. Given the vast scope of project objectives and their lack of specificity, it was difficult to assess the extent to which achievements had been fulfilled. Eight experimental centres were established in four of the seven provinces for which they were planned, but the Government did not provide the personnel that was envisaged. Despite these shortcomings, there have been important accomplishments: the construction of experimental centres and complementary public health infrastructure with the collaboration of the rural workers and the provision of health/sanitation education with the co-operation of Ministry of Health agents and the involvement of all community members in health, economic and co-operative activities. In view of the evaluation mission's recommendations, a new project which took past shortcomings into account was

developed. Total expenditure was \$716,530. The project was executed by ILO and, on a part-time basis, by the Ministry of Social Affairs.

13. Population education for responsible parenthood and family welfare. On the basis of the centres' experience under the previous project and of the evaluation recommendations, this new project was initiated in 1985. It was to provide two national experts, one for administration for one year and another for demographic research for two years. Educational material taking into account local conditions and needs was to be produced by a team with the assistance of a short-term consultant. The project also provided for two scholarships. The objectives were the same as for the previous project, but extended to all 10 provinces with two experimental centres each. Socio-demographic research was to be conducted to determine the nature of educational materials to be developed and the operation of existing centres was to be improved by the introduction of a management system. Unfortunately, the two national experts were not recruited until 1986 so that other activities were subsequently delayed. The total contribution by UNFPA up to the end of 1986 was \$147,646 and the remaining balance of \$91,355 will be utilized under the ongoing project described in the proposed programme. ILO was the executing agency.

#### Basic data collection and analysis

14. First population and housing census. The project was initiated in January 1973 with funding for international personnel in cartography and demography, transportation, data processing and office equipment and supplies and maintenance of equipment. Some delay in the processing of data was caused by the incompatibility of the equipment provided with UNFPA assistance and that previously existing in Cameroon. The 1976 census made information about the size of the population, its distribution and structure, fertility and mortality available for the first time. The census enabled an index of towns and villages to be compiled and served as the basis for a number of surveys. Census results were published between 1977 and 1980. UNFPA support for this project, executed by the United Nations, amounted to \$1,384,132.

15. National seminar to reinforce the civil registration system. The seminar took place in Douala in 1984 to identify and discuss the problems and obstacles facing the country's civil registration system. Recommendations were formulated for improvement of the system. The United Nations Economic Commission for Africa executed the project. UNFPA funding amounted to \$22,431.

16. Second population and housing census. The second population census is programmed for 1987 at a total cost of \$1.9 million. UNFPA assistance up to the end of 1986 amounted to \$280,000 and covered training, partial provision of data-processing equipment, vehicles and printing costs. The project is being executed by the United Nations. Current activities include the promulgation and publication of the pertinent presidential decree; the appointment of officials and allocation of offices; disbursement of funds for government counterparts; development of a questionnaire and instruction manual; establishment of working groups on cartography and methodology; and publicity campaigns in the provinces.

### Population policy formulation

17. Review and compilation of population-related laws. This research project, approved in 1977 and undertaken by a national consultant, was designed to analyse the population legislation for the benefit of the National Commission on Population. The cost to UNFPA was \$19,556.
18. Population Planning Unit. The establishment of a population unit in the Ministry of Planning and Territorial Management, as the technical secretariat of the National Commission on Population, was a prerequisite for institutionalizing the development and implementation of a population policy. UNFPA assistance has covered technical assistance; specialized training abroad; study tours; training workshops for government officials at different levels; seminars to explain and disseminate the results of the Unit's work; and on-the-job training. Sectoral research was undertaken in collaboration with different ministries on 16 topics including the integration of demographic variables into the sixth five-year development plan. Study tours were arranged in Mali, Rwanda and Senegal and the National Director received training in the United States. A national seminar on population and development was organized in September 1985. The first issue of the review "Population and Development" was published in March 1985 at the time when the National Commission was established. Total UNFPA commitment to this ILO-executed project through 1986 has been \$292,212.

### Other external assistance

19. Cameroon has received population-related assistance from international organizations, bilateral donors and non-governmental organizations. The Food and Agriculture Organization of the United Nations (FAO) supported a research team investigating the consequence of urban development on nutrition, provided in collaboration with the United Nations Development Programme (UNDP) a consultant for the establishment of a cell for food and nutrition monitoring and organized the training for agricultural field agents and women motivators with emphasis on nutrition and the family. The five-year programme, 1986-1991, of the United Nations Children's Fund (UNICEF), totals \$3,193,000. About 25 per cent of its funding is earmarked for the Ministry of Women's Welfare to educate women and community motivators, particularly in rural areas, 50 per cent is for the Ministry of Health's primary health programme, including MCH, vaccination and sanitary education and the rest is for programme support. The World Bank is collaborating with UNDP and UNFPA in financing a research project on the family executed by the Ministry of Social Affairs.
20. From 1981 to 1986 France and Italy have provided health personnel and volunteers for health education and Egypt has offered training for nurses, teachers and scholarships. Also involved in scholarship programmes are Belgium and the Netherlands. The Co-operative for American Relief Everywhere, Inc. (CARE), in collaboration with the Canadian International Development Agency (CIDA) and the United States Agency for International Development (USAID), assists in rural well construction and water and sanitation education programmes. USAID is the largest donor in the field of population with a programme of \$801,000 in 1986 covering training in obstetrics and gynaecology for physicians and in family planning for

midwives and nurses at the Johns Hopkins Medical Center; infant feeding in northern Cameroon; support to a family planning clinic in Yaounde, with in-service training for nurses and midwives; support to the Ministry of Social Affairs' research on the family; a research project on the non-estrogen pill and copper intra-uterine devices (IUDs); support to Catholic Health Services for their natural family planning programme; and training to nurse/midwife instructors each year at the Margaret Sanger Center in New York.

#### IV. PROPOSED PROGRAMME 1987-1990

21. The Government has, after convening the National Commission on Population and launching its sixth five-year plan, defined its priorities for population assistance. Consistent with the long-term objective of developing the country's capacity to formulate, implement and evaluate a national population policy, the long-term objectives of UNFPA's proposed programme are (a) to contribute to the long-term improvement of the health of mothers and children and to promote child-spacing; (b) to strengthen the institutions that have been created for the development and formulation of a population policy; (c) to extend and improve the data base for national planning and policy formulation; (d) to further the efforts to inform and educate the population at large about population concerns, particularly about responsible parenthood; and (e) to promote the participation of women in the process of development. The proposed UNFPA programme in the amount of \$2.4 million for the period 1987-1990 would respond to the needs identified by the Government and endorsed by the programming mission which took place in January 1987.

##### Maternal and child health and family planning

22. Training in maternal and child health and family planning. The project would extend the activities of the first family health project (through retraining of health trainers) thus far undertaken at Ngonga for personnel from the eight French-speaking provinces to the two English-speaking provinces through the establishment of another training centre at Limbe. The project also aims to initiate activities in both centres to reinforce the training capacity of 70 already trained health personnel trainers by providing them with the necessary training materials and supplies and to improve MCH service delivery by developing components for child-spacing and prevention of sterility. To achieve this the project would train 70 traditional birth attendants and 70 rural motivators and mobilize 40 health centre directors, in addition to providing all of them with the necessary technical and material support, a step omitted during the first project. Services would continue to be provided at Ngonga and would be introduced at Limbe. In addition, a special sensitization effort including services would be focused on adolescents in Ngonga. UNFPA assistance would cover consultancies, training, medical, office and audio-visual equipment and materials, study tour, vehicles and maintenance, construction at Limbe, drugs and contraceptives. The project's long-term objective is to improve the health of the rural population with emphasis on birth-spacing and prevention and treatment of sterility through community mobilization and training of MCH/birth-spacing health personnel and community motivators. The project is executed by WHO and the Government. UNFPA would contribute \$575,000 to this project.



Information, education and communication

23. Population education for responsible parenthood. Considering the progress achieved in the ongoing project, the Government considers continuation of activities imperative and UNFPA proposes to extend this project into 1990. The immediate objectives are to complete the development of the mobile teams, consolidate the established experimental centres, develop a proposal for large-scale educational intervention under the guidance of the management expert already on post and compile an impact report on this project. By the end of 1990, it is intended that generalized and permanent mass education on the practice of responsible parenthood and the improvement of family welfare would have been achieved. The executing agency would continue to be ILO and FAO would provide one consultancy on educational materials production. UNFPA assistance would amount to \$400,000.

24. Support cell for population IEC activities. With the objective of supporting all population IEC activities, this interdepartmental cell would endeavour to train trainers in population IEC to develop, produce and disseminate the necessary audio-visual and educational material and to co-ordinate the population IEC activities of all departments and organizations. UNFPA assistance would cover a technical adviser, equipment and materials for a total of \$400,000. The executing agency is yet to be identified.

25. Population and family life education programme for organized workers. The project's long-term objective of encouraging the practice of responsible parenthood and improved family welfare will be pursued through the development of a programme of sensitization and education for all workers organized in syndicates, approximately 400,000. Short-term objectives would be to educate trade union leaders and organized workers in all aspects of population and family life and to develop support activities for the improvement of workers' living conditions through establishing pharmacies, first-aid posts, day-care centres and literacy activities co-financed by other donors. Project activities would include 8 training seminars for trade union leaders, 20 for heads of enterprise committees and 1 for employers, development of regular education activities at enterprise and production unit levels and associated social/health activities. UNFPA assistance for international personnel, training activities and equipment and materials would amount to \$300,000. The executing agency would be ILO.

Basic data collection and analysis

26. Second population and housing census. The project would need \$320,000 in additional funds to carry out a post-census survey, data analysis and publication and dissemination of the final results. Assistance would be provided for micro-computers, maintenance of data-processing equipment, software and other data-processing material. Additional activities to be undertaken would include analysis of population distribution, migration and urbanization, analysis of the population structure and its evolution, analysis of school attendance and of marital status and nuptiality, training in software use for analysis purposes and an international seminar to present and disseminate census results.

### Population policy formulation

27. Population Planning Unit. UNFPA would continue to support the Population Planning Unit with the aim of furthering its development, so that it will function without need for external assistance. Funds of \$140,000 would cover research, consultancy and additional data-processing equipment and software. ILO would continue to be the executing agency.

28. Study on the Cameroonian family. This project is executed by the Government with financial assistance from UNDP, the World Bank and UNFPA. It will produce a study on numerous aspects of family formation and behaviour which would be an indispensable input for the formulation of population policy. UNFPA's contribution would be \$15,000.

### Women, population and development

29. Training programme for women throughout the network of "women's houses". The Ministry of Women's Welfare proposes to provide population education to its officers at the central level and to the social organizers assigned to the "women's houses" which exist throughout the country, each "house" covering a community of about 2,000 women. The current 25 houses would, within the project's first year, be increased to 30. Through these houses, the project intends to reach a large number of women with population and family life education and counselling services. The project's immediate objectives are to establish a population information and education programme for women and to identify, in collaboration with the beneficiaries, socio-economic and health programmes for women. Activities would include seminars for trainers and motivators, workshops, audio-visual presentations and mini-seminars for target groups (young women, women heads of household, married women) in family life, family planning, responsible parenthood and other topics to enhance their living condition. The project would also focus on the identification and implementation of complementary social, sanitary and economic activities (day-care centres, literacy programmes, income-generating projects, dispensaries, etc.) for which the financial co-operation of other donors would be sought. UNFPA would provide \$250,000 to this project. The executing agency would be determined on the basis of the requirements of the project.

### Monitoring and evaluation

30. Monitoring and evaluation plans will be included in each project document. Several of these documents may include plans for more detailed evaluation exercises, particularly those with innovative activities such as the project in population education for responsible parenthood and the training programme for women throughout the network of "women's houses". Progress and internal evaluation reports will be developed for discussions in the tripartite reviews of all projects. The Government and UNFPA will participate in periodic country reviews. The final such review of this programming period may be preceded by an independent, in-depth evaluation of the country programme.

Financial summary

31. As indicated in paragraph 1, a programme of \$2.4 million is proposed, of which \$1.6 million will be committed from UNFPA's regular resources. This commitment of \$1.6 million would cover all projects but some at a lower level, as indicated in the table below. If UNFPA's funding situation permits, the balance of up to \$0.8 million will be provided by UNFPA. If and to the extent this is not possible, UNFPA will seek to cover the shortfall from other sources including multi-bilateral sources. The following table shows how the programme areas will accommodate these two levels of funding.

	<u>UNFPA regular resources</u>	<u>Other resources including multi- bilateral sources</u>	<u>Total</u>
	\$	\$	\$
Maternal and child health and family planning	575 000	-	575 000
Information, education and communication	600 000	500 000	1 100 000
Data collection and analysis	120 000	200 000	320 000
Population policy formulation	155 000	-	155 000
Women, population and development	150 000	100 000	250 000
Total	<u>1 600 000</u>	<u>800 000</u>	<u>2 400 000</u>

V. RECOMMENDATION

32. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Cameroon in the amount of \$2.4 million for four years;

(b) Authorize the Executive Director to commit an amount of \$1.6 million from UNFPA regular resources;

(c) Further authorize the Executive Director to provide the balance of up to \$0.8 million from UNFPA's regular resources, if such resources are available. If and to the extent they are not, further authorize the Executive Director to seek to

cover the shortfall of up to \$0.8 million from other sources, including multi-bilateral sources;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Cameroon and with the executing agencies.

-----